

57009

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR

999000537

PRODUCER OF WASTE (Must be filled by producer)

Name ALUMINUM CO OF AMERICA 5151 ALCOA AVE VERNON
(PRINT OR TYPE) (NUMBER) (STREET) (CITY) CODE NO.

Pick up Address: 5151 ALCOA AVE VERNON
(NUMBER) (STREET) (CITY) CODE NO.

Telephone Number: 213 588-6141 P.O. or Contract No. AA-155243

Order Placed By: J. HERON Date: 3-22-77

Type of Process ETCHING PROCESS
which Produced Wastes: ETCHING PROCESS
(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining) CODE NO.

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. <input type="checkbox"/> Acid solution	6. <input type="checkbox"/> Tetraethyl lead sludge	11. <input type="checkbox"/> Contaminated soil and sand
2. <input type="checkbox"/> Alkaline solution	7. <input type="checkbox"/> Chemical toilet wastes	12. <input type="checkbox"/> Cannery waste
3. <input type="checkbox"/> Pesticides	8. <input type="checkbox"/> Tank bottom sediment	13. <input type="checkbox"/> Latex waste
4. <input type="checkbox"/> Paint sludge	9. <input type="checkbox"/> Oil	14. <input checked="" type="checkbox"/> Mud and water
5. <input type="checkbox"/> Solvent	10. <input type="checkbox"/> Drilling mud	15. <input type="checkbox"/> Brine

☐ Other (Specify) _____ CODE NO.

Components:
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Concentration: Lower	%	ppm
1. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Hazardous Properties of Waste:

pH 5 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 5,000 ☒ gal ☐ tons ☐ barrels (42 gal.) ☐ other SPECIFY

Containers: _____ ☐ drums ☐ cartons ☐ bags ☐ other SPECIFY

Physical State: ☐ solid ☒ liquid ☒ sludge ☐ other SPECIFY

Special Handling Instructions (if any): NONE

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable)

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Karl E. Bogue, District Supervisor
SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

ASBURY OIL CO.

13419 Halldale Ave., Gardena, California 90249

Phone: (213) 321-1392

999000537

CODE NO.

1

1

1

Pick Up

3-26-77

(DATE)

15

Time

10pm

State Liquid Waste Hauler's Registration No. (if applicable):

Job No.:

No. of Loads or Trips:

Unit No. 5

Vehicle:

☒ vacuum truck

100

barrels,

☐ flatbed,

☐ other

(SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct

Signature of Authorized Agent and Title

Signature

Title

DISPOSER OF WASTE (Must be filled by disposer)

OPERATING INDUSTRIES, INC.

2425 So. Garfield Ave.

Watts Park, Calif. 91754

NAME (print or type):

2425 So. Garfield Ave.

CODE NO.

1

1

1

Site Address:

Watts Park, Calif. 91754

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable):

State fee (if any):

Handling Method(s):

☐ recovery

☐ treatment (specify):

(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)

CODE NO.

1

1

1

☐ disposal (specify):

☐ pond

☐ spreading

☐ landfill

☐ injection well

☐ other (specify):

CODE NO.

1

1

1

If waste is held for disposal elsewhere specify final location:

Disposal Date: 3-26-77

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of Authorized Agent and Title

Signature

Title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424 9300

D.O.T. Proper Shipping Name

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